

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION | 7m | | 9/25/00 |
| O.I.P.E. CLASSIFIER | ASD | | 9/30/00 |
| FORMALITY REVIEW | BS | 165373 | 11/13/00 |
| RESPONSE FORMALITY REVIEW | | | |

8/19/2000
C/END

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | 1 | 1 | 12/4/03 |
| 2 | ✓ | ✓ | 5/30/04 |
| 3 | ✓ | ✓ | |
| 4 | ✓ | ✓ | |
| 5 | ✓ | ✓ | |
| 6 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

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